SHAWNEE TRIBE CHILD CARE DEVELOPMENT FUND ATTENDANCE CLAIM FORM (Effective October 1, 2019)

Child's Name:							Date of Birth:						
Guardian's Name:							Name of Provider:						
Address:							Address:						
City, State, Zip:							City, State, Zip:						
un	ffirm under pena derstand that ar	ny false state				osecuti	on for f	raud.	t to the best of	knowle	dge and	I belief and	
						ay the	child	is/is ı	not in attend		t your	facility.	
	(P) Present (ABS) Absent Day (H) Holiday						(PSC) Present School Closed- for School Age Only (CL) Provider Closed						
			****Att	endance	times <u>not</u> r	<mark>equir</mark>	quired. Abbreviations ONLY***					**	
	Sunday	Mond	ay	Tuesda	y W	ednes	day	Thu	rsday	Frida	y	Saturday	
		TK.						W					
SC	CHOOL AGE C	HILDREN:			e e								
To be		closed and throughou	child is p	oresent at o	laycare, all:	school	age ch	nildren	or Part Day un will be appro			closed. When Day.	
paym	ent, the child mi dance 7 days or	ust be in	For the Month of:, 20										
Claim	ı forms can be er	nailed to:	**************************************										
	shawnee-tribe.		Full Da	ıy		Х			Per Day	=			
facilit	Please put the name of your facility, the month and year in			ay		Х			Per Day	=			
the subject box.			Star Rating:				Total Monthly Charges						
Or ma	ailed to:						Less Co-pay						

ADJ Total DUE

Shawnee Tribe CCDF

Miami, OK 74354

21 N Eight Tribes Trail, Suite A